## POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	08/974,584
Filing Date	November 19, 1997
First Named Inventor	Cech, Thomas R.
Title	Functional Homologs of Human Telomerase Reverse Transcriptase Containing the Telomerase T Motif
Art Unit/Confirmation No.	1634/8401
Examiner Name	Carla J. Myers
Attorney Docket Number	015389-002950US

I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:						
Practitioners associated with the Customer Number:	34151					
OR						
Practitioner(s) named below:						
Name	Registration Number					
	-					
as my/our attorney(s) or agent(s) to prosecute the application identifie	ad above, and to transact all business in the United States Patent and					
Trademark Office connected therewith.						
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I am the: Applicant/inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record						
Signature DE A	Date					
	March 21, 2007					
Name David J. Earp	Date M 21, 2007 Telephone 650-473-7700					
Title and Company Chief Patent Counsel and Senior Vice	President, Business Development, Geron Corporation					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of 2 forms are submitted.						
61000410 v1						

STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner: Thomas R. Cech et al.				
Application No/Patent No/Control No.: 08/974,584 Filed/issue Date: November 19, 1997				
Entitled: FUNCTIONAL HOMOLOGS OF HUMAN TELOMERASE REVERSE TRANSCRIPTASE CONTAINING THE TELOMERASE T MOTIF				
Geron Corporation , a Corporation (Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc.)				
states that it is:  1 the assignee of the entire right, title, and interest; or				
an assignee of less than the entire right, title and interest.     (The extent (by percentage) of its ownership interest is _50_%)				
in the patent application/patent identified above by virtue of either:				
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 009323, Frame 0582, or a true copy of the original assignment is attached.				
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:				
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The document was recorded in the United States Patent and Trademark Office at  Reel, Frame, or for which a copy thereof is attached.				
Additional documents in the chain of title are listed on a supplemental sheet.				
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11 [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]				
The undersigned (whose title is supplied below its authorized to juct on behalf of the assigned where 21, 2007				
Stignatuve / \ Date				
David J. Earp 650-473-7700				
Printed or Typed Name Telephone Number				
Chief Patent Counsel and Senior Vice President				
Title				

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ı	Examiner Name	Carla J. Myers
-	Attorney Docket Number	015389-002950US

I hereby revoke all previous powers of attorney given in the above-identified application.					
I hereby appoint:				_	
Practitioners as:	sociated with the Customer Number:	3415	1		
Practitioner(s) n	amed below:				
	Name	T - 1	Registration Numb	per	
		<u> </u>			
		<del> </del>			
as my/our attomey(s) o Trademark Office conn	r agent(s) to prosecute the application identified	d above, and to transa	ct all business in t	the United States Patent and	
	ange the correspondence address for the ab	ove-identified applica	tion to:		
The address a	associated with the above-mentioned Custon	er Number:			
OR					
The address	associated with Customer Number:				
OR	L				
Firm or Individual Name			7		
Address					
O.1.		State		Zip	
City		State		Zip	
Telephone		Email			
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applica	nt or Assignee of Re	cord		
Signature	David Allen		Date 6 A	P 2007	
Name	David N. Allen Telephone 303-735-1688		303-735-1688		
Title and Company	Title and Company Associate Vice President for Technology Transfer, University of Colorado				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
*Total of _2	forms are submitted.				
61000703 v1	****				

STATEMENT UNDER 37 CFR 3.73(b)				
Applicant/Patent Owner:				
Application No./Patent No./Control No.: 08/974,584 Filed/Issue Date: November 19, 1997				
Entitled: FUNCTIONAL HOMOLOGS OF HUMAN TELOMERASE REVERSE TRANSCRIPTASE CONTAINING THE TELOMERASE T MOTIF				
The Regents of the University of Colorado , a University (Name of Assignee) (Type of Assignee: corporation, partnership, university, government agency, etc)				
states that it is:  1.				
A. A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or a true copy of the original assignment is attached.  OR				
B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:				
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From: University of Technology Corporation To :University of License Equity Holdings, Inc.     The document was recorded in the United States Patent and Trademark Office at     Reel016057, Frame0604, or for which a copy thereof is attached.				
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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.				
Signature Date				
David N. Allen         303-735-1688           Printed or Typed Name         Telephone Number				
Associate Vice President for Technology Transfer Title				